Committee Name:
GEORGIA MAJORITY SUPERPAC
If registered, FEC ID:
Today's Date:
02/05/2016

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization - Unlimited Contributions

## To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Lauren Taylor

Treasurer's Name:

Lauren Taylor

, Treasurer

## 2016 - 02 - 17 - 05 - 00050920

**FORM** 

## STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

		- · · ·		2016 FEB 17 of Muto 507
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
GEORGIA	MAJO	DRITY E	SKPERPACI	
<u> </u>				
ADDRESS (number a	and street)	266 W P	ACES FERRY	<u> 148</u>
(Check if is change	address d)			
	A	CITY A	<del></del> .	STATE A 21P CODE A
COMMITTEE'S E-M	AIL ADDRESS			•
(Check if is change	address	+MGAMAJ	ORITI Y PAC @	OUTLOOK, COM
	,	onal Second E-Mail A	,	
	L			
COMMITTEE'S WEE	B PAGE ADDRESS	S (URL)		
☐ (Check if is change	address	EORGIAH.	AJOLITYSUPE	ERPACION
	6.	KMAJOR1	TYSUPERPAC	COM
2. DATE	2 05	20.16		
3. FEC IDENTIFI	CATION NUMBE	R ▶ C		
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)	
I certify that I have	examined this Sta	tement and to the be	est of my knowledge and belief	it is true, correct and complete.
Type or Print Name		Lauren -	<i>1</i>	
Signature of Tréasur	er <u>Lai</u>	uen Tay	br	Date 02 05 2014
NOTE: Submission of			on may subject the person signing ATION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109. WITHIN 10 DAYS.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530	ECL EURINI

Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page 2				
	YPE OF COMMITTEE						
	Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candidate information below.)							
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate							
Cand Party	idate Affiliati	Office Sought: House Senate President	State				
	_	•	District				
(c)	Ц	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Candi							
Part	y Con	nmittee: (National, State	(Democratic,				
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party.				
Polit	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
	_	In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint	Func	Iraising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.						
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	mittees Participating in Joint Fundraiser					
•	1.	FEC ID number					
	2.	FEC iD number C					
	3.	FEC ID number C					
	4.	FEC ID number					

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FEC Form 1 (Revi	sed 02/2009)	Page 3
Write or Type Committee	lame	
·		
6. Name of Any Connec	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
Mailing Address		
		· 
	CITY STATE	ZIP CODE
Relationship: Conr	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
<ul> <li>Custodian of Records books and records.</li> </ul>	Identify by name, address (phone number optional) and position of the person in	n possession of committee
Full Name CA	M. BELCA.	
Mailing Address	1266 W. PACES FERRY RD	
	, ,	
	ATLANTA BA BE	0327 -
Title or Position	CITY STATE	ZIP CODE
HKSOR IN	FAMON NG PARTWER Telephone number	- 
	e and address (phone number optional) of the treasurer of the committee; and th	e name and address of
any designated agent (e	.g., assistant treasurer).	•
Full Name of Treasurer	WHEN TAYLOR	<u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
Mailing Address	1266 W PACES FERRY RS.	
	ATLANTA GA 30	7327-
Title or Position	CITY STATE	ZIP CODE
TREASURE	Telephone number	

2016 02 17

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
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Received from House Records & Registration	Date of Receipt Office			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
PREPARER	2/17/16 DATE PREPARED			
(3/2015)	er ( ) ( sec.) ( ) ( sec.) ( ) ( ) ( )			